

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584175

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3						
4		3		1		
5		3				
6	1		1			
7		1		1		
8						
9		3		1		
10		3				
11		①				
12		①		1		
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20		1	1			
21		1				
22		1	1			
23	1		1			
24		①		1		
25		①				
26	1		1			
27		①		1		
28		1				
29	1		1			
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49						
50						
TOTAL IND.	5	↓	8	↓		↓
TOTAL DEP.	32	←	21	←		←
TOTAL CLAIMS	37		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						